

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6716 OF 10436

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**DNC Services Corp./Dem. Nat'l Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pien, Edward, , ,**

Mailing Address 4208 River Rd NW

City  
WashingtonState  
DCZip Code  
20016-4535FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MedstarOccupation (for Individual)  
PhysicianMed

Receipt For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2019

**Transaction ID : 34307200**

Amount of Each Receipt this Period

10.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Actblue**

Mailing Address PO Box 382110

City  
CambridgeState  
MAZip Code  
02238-2110FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1448938.71

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2019

**Transaction ID : 34307200E**

Amount of Each Receipt this Period

10.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pierce, Carol, , ,**

Mailing Address 7521 W Buckeye Path

City  
MaranaState  
AZZip Code  
85658-5093FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information RequestedOccupation (for Individual)  
Information Requested

Receipt For: 2019

☐ Primary ☒ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2019

**Transaction ID : 34287589**

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....▶

110.00

**TOTAL** This Period (last page this line number only).....▶